Reply to Sartipy

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We appreciate the response to our research by Dr Sartipy [1, 2]. He raises an important point in arguing for a balanced view of our conclusion that adding vancomycin to perioperative prophylaxis in high-risk patients undergoing cardiac surgery is beneficial. Specifically, he argues for measuring the potential detrimental effects of vancomycin on kidney function in additional ways beyond our relatively crude assessment of maximal postoperative creatinine levels and the need for haemodialysis. Future studies on combining vancomycin with the standard beta-lactam prophylaxis should indeed assess renal function in detail. However, it was not the primary objective of our pre- and postintervention study to weigh vancomycin against renal impairment secondary to this glycopeptide antibiotic [2]. Instead, we focused on the main outcome of sternal wound infections, which cause enormous morbidity and costs in cardiac surgery. Also, given that high-risk patients in our study received only a single dose of vancomycin, it can be assumed that the effect on renal function will be minor, even if measured with dedicated tools. Although we agree with Dr Sartipy on the balanced view of the benefit of antibiotics against their side effects, we believe that our study demonstrates that the much-feared infectious complication in cardiac surgery can be reduced.

REFERENCES

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